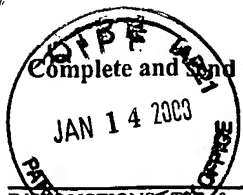


PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
 Commissioner for Patents
 P.O. Box 1450
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33164 7590 11/21/2007

RAYTHEON COMPANY
 C/O DALY, CROWLEY, MOFFORD & DURKEE, LLP
 354A TURNPIKE STREET
 SUITE 301A
 CANTON, MA 02021

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Diane M. Sigren	(Depositor's name)
<i>Diane M Sigren</i>	(Signature)
1-11-08	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/511,862 10/15/2004 Steven Washakowski RTN-164PUS 6380

TITLE OF INVENTION: METHOD AND DEVICE FOR PULSE SHAPING QPSK SIGNALS 01/15/2008 EAYALEH2 00000034 10511862

01 FC:1501 1450.00 09
 02 FC:1504 360.00 09
 02 FC:0001 20.00 09

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	02/21/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
NGUYEN, LEON VIET Q	2611	375-302000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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- Daly, Crowley, Mofford & Durkee, LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Raytheon Company

Waltham, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Donald F. Mofford

Date

1-11-08

Typed or printed name

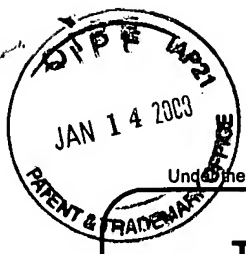
Donald F. Mofford

Registration No.

33,740

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/511,862	
	Filing Date	October 15, 2004	
	First Named Inventor	Steven Washakowski	
	Art Unit	2611	
	Examiner Name	Leon Viet Q. Nguyen	
Total Number of Pages in This Submission	2	Attorney Docket Number	RTN-164PUS

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard; PTOL-85 Form
<div>Remarks</div> <p>In the event a petition for extension of time is required by this paper and not otherwise provided, such petition is hereby made and authorization is provided herewith to charge deposit account No. 50-0845 for the cost of such extension.</p>		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Daly, Crowley, Mofford & Durkee, LLP USPTO Customer No. 33164	
Signature		
Printed name	Donald F. Mofford	
Date	1-11-08	Reg. No. 33,740

CERTIFICATE OF TRANSMISSION/MAILING		
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Signature		
Typed or printed name	Diane M. Sigren	Date 1-11-08

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